**PROCEDURE**

**Children in Care - conducting an assessment**

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>Clinical Nurse Managers Community Health, Community health nurses</th>
</tr>
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<tbody>
<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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</table>

This document should be read in conjunction with this DISCLAIMER

**Aim**
To support WA Health system community staff to provide a comprehensive health assessment for children in care (CIC) which covers required aspects of physical, developmental and psychosocial health domains.

**Objectives**
- To improve the health outcomes for CIC.
- To facilitate systematic surveillance of the health needs of each child in care referred to WA Health system community health services.
- To support the Department for Child Protection and Family Support (CPFS) case managers and carers to be responsive to, and plan for, the health needs of CIC.

**Key Principles**
- The best interests of the child are the paramount consideration.
- Collaboration and information sharing between agencies is essential to further the best interests of CIC.
- CPFS case managers have parental responsibility for a child in care. Consequently, they must authorise the provision of health services in most cases.
- The views and wishes of CIC referred for a health assessment are sought and considered. Children are kept informed of matters that affect them, according to their age and capacity to understand and consent to a service. Their rights to confidential health care and issues of consent must be acknowledged, discussed (including the limits of confidentiality) and respected.
- Engagement of carers, considering their views and, where appropriate sharing information with them, is important in holistic health assessments and in planning for the health needs of a child.
- Continuity of health care providers allows for the development of relationships, and supports ongoing responses to the child’s health needs over time. Where ever possible the child’s existing health care providers, or the carer’s preference of provider as appropriate, are promoted and supported.
- The health service system in WA is complex and CPFS case managers and the child’s carer need to be informed and supported to enable a CIC to access the appropriate service.
- Health assessments and medical treatments are conducted by the most appropriate health service provider according to the child’s health needs.
- WA Health system services are prioritised on the basis of clinical need.
• Standardised, evidence-based screening and assessment tools wherever appropriate and/or practicable are utilised in assessments.

**Policy Frameworks**

• Rapid Response for Children in Care
• Bilateral Schedule between the Department for Child protection and Family Support and WA Health for collaborative responses to: child abuse and neglect identified by WA Health; and children in care.¹
• **National Clinical Assessment Framework for Children and Young People in Out-of-Home-Care (OOHC) (2011).²**

Refer to Children in Care – managing referrals guideline (accessed via HealthPoint or Internet).

In response to these policy frameworks, WA Health has worked with CPFS to prioritise services to CIC in a number of key areas.

**Role of CPFS**

CPFS, through the *Children and Community Services Act 2004*,³
• has parental responsibility for children taken into care, and
• must ensure each child in care has a care plan which identifies their needs, including health needs, and outline measures to address those needs.

These responsibilities are delegated from the Chief Executive Officer (CEO) of CPFS to case managers. The CPFS case manager is responsible for developing and implementing a child’s care plan which includes making decisions regarding any medical or dental examination, treatment or procedure on behalf of the child (S29(2) and 29(3A) of the Act). They are authorised to consent to health services for the child. In most cases consent for the provision of health services must be obtained from CPFS before the service is provided (see Information Sharing and Consent). A child’s appointed carer is responsible for their day to day physical and emotional care.

**The Health Care Planning Pathway**

Children are entering care at a younger age and staying in care for a longer period of time. Aboriginal children now constitute more than 50% of children in care in WA.⁴ Most commonly, children enter care as a result of emotional harm or neglect.⁴ Family and domestic violence, mental health issues and drug and alcohol misuse are significant contributing factors, as are intergenerational trauma and social disadvantage.⁴,⁵ The impact of these factors persists therefore CIC often have complex health needs and are at higher risk of poorer physical, developmental and psychosocial health outcomes than other Australian children.⁶,⁷

The Health Care Planning Pathway describes a multi-agency model for the systematic monitoring of the health needs of children in care through coordinated, regular health assessments which inform and review a child’s health care plan. In order that a child’s current and emerging health needs are identified the health assessment must be holistic; addressing the physical, developmental and mental health domains.

The pathway comprises three phases:
• **Initial Medical Assessment:** a General Practitioner (GP) or Paediatrician provides screening and preliminary assessment of the child’s health and wellbeing to identify and treat any immediate health concerns.
• **Comprehensive Health Assessment**: a health service provider, most commonly a community health nurse (CHN) or GP, provides a more in depth assessment across each health domain.

• **Annual Review**: a health service provider, most commonly a CHN or GP, provides ongoing monitoring of a child’s health needs. Each child’s health care plan should be reviewed annually by a health service provider, using a comprehensive health assessment form as a guide for the review. However, the frequency of monitoring different components of the assessment should be a clinical decision for each individual and have both case-dependent and age-dependent considerations. The depth of the assessment should be appropriate for the age, risk factors, clinical needs and any major changes in circumstances of the child at the time of assessment.

CPFS is responsible for identifying when a child in care requires a health assessment through their case review cycle.

**Standards and timeframes**

• For a child new to the CEO’s care (new to care), the health assessment will be undertaken within 30 working days of a health service provider receiving a completed referral from CPFS and it being assigned to a CHN.

• For all other children in the care of CPFS, the timeframe to undertake the assessment is based on clinical need and availability of resources.

• WA Health system staff must liaise with relevant parties and implement strategies which will produce the best outcome for the child. This may include liaising with the child’s case manager, carer, other health service providers, teacher, student service team and others who may have information about the child’s physical, developmental and or psychosocial wellbeing.

• WA Health system staff must send a report on the assessment outcomes within five working days of the assessment. This report must be written in a way that may be understood by a lay person with a focus on a child’s health needs, priorities and actions required to inform the development of a 12 month health care plan.

• The development of the health plan is intended to be a collaborative process between a child’s CPFS case manager and those health professionals informing the plan. WA Health staff may be consulted to support this process, CPFS staff generally do not have a health background and their knowledge of the health system may be limited.

• WA Health system staff should support CPFS case managers in identifying an appropriate health service provider for a child, particularly where they assess the child’s health needs would be better managed by an alternative provider.

**Information Sharing and Consent**

The information sharing guidance is outlined in the [Joint guidelines on the mutual exchange of relevant information between WA Health and CPFS](#) for the purpose of promoting the wellbeing of children.

The method for sharing information between WA Health and CPFS staff is bound by organisational policies. In health care planning:

• CPFS policy is to email all referrals and supplementary information. These documents can be returned in the same manner.

• WA Health email management policy prevents the emailing of confidential information outside the WA Health’s global domain to CPFS, unless protected through encryption. [Current policy is to return health assessment information to CPFS by fax or registered mail where encryption of confidential health information is not available.](#)
Consent for health assessments is given by the person who has parental responsibility for decisions made on behalf of the child. Where CPFS does not have parental responsibility to provide consent, the case manager will obtain consent from a person who has parental responsibility. In the case of a child assessed as a mature minor, he or she can provide consent on their own behalf to assessment, treatment and release of confidential information.5

**Risks of not following procedure**
Failure to follow these guidelines may result in:
- A child’s health / developmental needs not identified in a timely manner.
- A delay of assessment or failure to conduct an assessment within 30 working days for children new to care (organisational key performance indicator).
- Failure to report to CPFS on the outcomes of the assessment within 5 days.
- A delay in a child’s health plan being developed, which may lead to delays in addressing their health needs.

**Process**
This Procedure should be read in conjunction with Children in Care – managing referrals guideline (accessed via HealthPoint or Internet).

Whilst assessments need to be conducted on a case by case basis sensitive consideration and professional judgement is required to provide an assessment which covers the scope of each health domain and which may require accessing alternative sources of information on the child.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
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<tr>
<td><strong>Appendix A</strong> outlines the key steps in the process for CHNs managing CIC referrals.</td>
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</table>

**Receive referral**
- **CACH**: Referrals from a CIC Key Contact are assigned to CHN’s in the Child Development Information System (CDIS). A notification will be sent by email once a referral has been assigned by a CIC Key Contact.
- **WACHS**: A CIC Key Contact will allocate CIC referrals by forwarding the referral email to a CHN. All children (0-18 years) who are in the care of CPFS require a *child at risk alert* to be entered into webPAS. Refer to the Child at Risk procedure for more information.

A child’s CPFS case manager will make a referral for a comprehensive health assessment, either for a child new to care or as an annual review, using CPFS Form 510. This will be received by the WA Health Central Referral Administration and allocated to a CIC Key Contact.

All referrals for a comprehensive health assessment sent directly from CPFS to CHNs must be returned to CPFS with the response stating the referral must be resent to DOH.CICreferrals@health.wa.gov.au

- **CACH**: Where a child in care requires an additional CACH service (e.g. for a universal contact assessment or a school entry health assessment) this level of decision-making is delegated by CPFS to carers. Refer to CACH Consent for services policy for further
### Review referral

Review referral form and all attachments for:
- **type of referral** - new to care, annual review or special request.
- **continuity of care** – would the child benefit more from receiving an assessment from an appropriate, current service provider or community health?
- **information** required from the CPFS case manager prior to conducting the assessment. Have they indicated on the referral form that a discussion regarding the child is advisable prior to the assessment?

If you are unable to contact the CPFS case manager, contact their team leader.

Acceptance of the referral is at the discretion of the Key Contact and the CHN. If there are factors indicating that the referral should not be accepted at this time, and the Key Contact and CHN agree to decline the referral, the referral must be returned to CPFS (or declined in CDIS - CACH) with the reason for decline and advice as to how to proceed.

Reasons for declining a referral may include:
- the child is currently undergoing assessments with other service providers
- the assessment should be conducted at a time prior to the due date of next health care plan so as to inform the plan
- due to the child’s current change in circumstances, the assessment would not yield accurate or useful information (for a 12 month health care plan) about their physical, developmental and/or psychosocial health.

### Schedule an appointment

Contact the carer identified on the referral form (or child if a mature minor).
- **Minimum 2 attempts to contact** carer and/or child within 10 working days of receiving the referral.
- **Check who the carer’s/child’s preferred service provider.**
- **Book an appointment time** (1 hour) for the assessment.
- **Check if the carer/child is able to bring their CPFS Child Health Passport.**

Discuss with the carer:
- **any concerns for the child’s wellbeing**
- **if they would like to be present at the assessment**
- **options for providing the assessment particularly where a group of siblings require**

It is not WA Health’s responsibility to locate a child or reassign the referral using contact details which differ from the referral form. If you cannot contact the carer or child using these details, the referral must be declined and returned to CPFS (refer CACH and WACH processes).

Special consideration of service provider may be required for some children in care (See Appendix B for more information):
- children with a CaLD background
- newborns and infants who are being monitored by a paediatrician
- children with disabilities or complex medical issues
- Aboriginal children -

CACH: if the child is under 5 years, ask whether the carer would prefer to receive an assessment from the AHT or another Aboriginal Health Service. If the AHT is nominated, advise the CIC Key Contact. If a different Aboriginal Health service is nominated, return the referral directly to the CPFS case manager with name...
If the carer cannot be contacted, the assessment is declined (by the carer or child), or the child does not arrive for two appointments:

**CACH:** CHN to advise Key Contact or line manager. Document reason for decline in CDIS.

**WACHS:** return the referral to the case manager directly with the reason for not conducting the requested assessment. Notify Key Contact of the return and keep a copy of the correspondence in the client record.

Involving a child’s carer in the assessment process wherever possible:
- provides support for the child during the assessment
- allows the carer to provide supplementary information
- ensures the carer receives information on all health concerns and the actions recommended.

As many school health assessments take place within the school setting, liaise with the school as well as the carer to organise room, date and time to complete an assessment.

Mature minors may wish to:
- attend on their own or have their carer or another person present
- have the assessment with a CHN or another service provider (e.g. usual GP).

If a different service provider is preferred, return referral to the CPFS case manager, with recommendation to redirect the referral to this provider.

**Assessment preparation**
- Check immunisation records where possible.
- Identify if the referral is for a child new to care or annual review.
  - Where a child is new to care, a full comprehensive health assessment is required.
  - Annual reviews may be customised to reflect monitoring of existing issues from previous assessments or the current CPFS health care plan together with any new concerns identified in each health domain.
- Identify modification to the assessment process required when combining other assessments (see **Appendix C** for more information).

There is evidence that immunisation rates are lower in CIC than the general Australian child population. If you are able to confirm that immunisation is required, contact the case manager to obtain consent and to discuss when the immunisations could be provided.

Immunisation services: **CACH / WACHS**

CPFS conducts annual psychosocial screening of CIC 4 - 18 years of age using the Strengths and Difficulties Questionnaire (SDQ), commencing when the child has been in care for six months and is settled in their placement. Any concerns or referrals arising from the SDQ are included in CPFS Referral Form 510, Section 2.

For children new to care, assessment of each health domain is necessary to create a complete health picture for each child. Annual reviews focus on monitoring existing health concerns and identifying new concerns through questioning, self-report and assessment as
• View the [CIC Health Assessment Practice Guide](#) relevant to the child’s age for more information on specific assessment items.

• Have any concerns been identified by the case manager, carer, teacher, student service team or child in the previous assessment or more recently?

• Consider other sources which may assist in identifying concerns about a child such as their carer, classroom teacher or the student services team.

The frequency of monitoring different components of the assessment should be a clinical decision for each individual and have both case-dependent and age-dependent considerations. The depth of the annual review assessment should be appropriate for the age, risk factors, clinical needs and any major changes in circumstances of the child at the time of assessment.

Ideally, an annual review assessment should precede the date for the next case review meeting (provided in CPFS Referral Form 510, Section 2) in order to facilitate timely review of a child’s health care plan.

Teachers or a relevant member of the student service team may be approached with a checklist if concerns are specific to areas such as fine and gross motor skills, psychosocial and speech (see CACH resources—[Teacher Checklists](#)).

<table>
<thead>
<tr>
<th>Conduct an assessment: general health information for all children in care assessments</th>
<th>Physical: must include the identification of any concerns regarding nutrition, growth indicators, skin integrity and hygiene, ears and hearing, eyes and vision, sleep behaviours and oral health.</th>
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</thead>
<tbody>
<tr>
<td>• Include issues identified on paediatric discharge summary (relevant to all age groups if information available).</td>
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<tr>
<td>• Current medications and past medications.</td>
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<tr>
<td>Assessment tools</td>
<td>• Dental Health: CIC are eligible for assessment and treatment of dental concerns through WA Health Dental Health Services (DHS). Children in care are prioritised for assessment and treatment by DHS. The CPFS case managers enroll all CIC of school age in the school dental service.</td>
</tr>
<tr>
<td>• View the <a href="#">CIC Health Assessment Practice Guide</a> relevant to the child’s age for more information on specific assessment items.</td>
<td>Oral health remains a component of comprehensive health assessments as concerns may arise between school dental service appointments.</td>
</tr>
<tr>
<td>• Some tools are parent informed which can be challenging to administer and interpret in the context of this group of children, and where a child is experiencing stress and anxiety from being brought into care.</td>
<td>Developmental “How Children Develop” is a resource for CHNs which includes developmental, social and emotional milestones and warning signs for children 0-12 years. This may be used to guide the assessment or specific concerns requiring investigation where a developmental tool is not readily available or appropriate.</td>
</tr>
<tr>
<td>• To help identify concerns for the child, alternative sources of information such as the case manager, carer, teacher, student services team or biological parent (where appropriate) may be consulted and/or directly assessed using developmental,</td>
<td>Mental health screening</td>
</tr>
</tbody>
</table>
Children in Care – conducting an assessment

Due to the high proportion of children in care with complex health issues, mental health screening is very important.

If SDQ results are available, liaise with CPFS case manager regarding any concerns. If an SDQ has not been conducted, follow the recommended psychosocial assessment appropriate for the child in this guideline.

For annual reviews, it is still important that either through assessment or interviewing, all domains of the assessment scope are covered to identify new concerns. For example, with vision assessment, if the child has no previous concerns identified, and no new concerns are noted on the referral, then the vision component of the assessment may be covered by asking the child or carer if they have any concerns about vision or recommendation for an optometrist assessment of the child’s vision could be made if appropriate.

Conduct an assessment: CIC 0-5 years old
(Form: CHS 450)

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<tr>
<th>Physical</th>
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<tbody>
<tr>
<td>Developmental</td>
</tr>
<tr>
<td>Psychosocial</td>
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<tr>
<td>Safety issues and carer’s health promoting behaviours.</td>
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While the Universal Contact Schedule/ Enhanced Aboriginal Child Health Schedule 0-5 years and the health care planning pathway are separate processes, it is recommended to align these assessments where possible.

Where applicable, align with School Entry Health Assessment (in the Universal contact schedule 4 year guideline) processes.

Assessment must cover the following domains:

**Physical**:
- nutrition and feeding, growth monitoring, skin integrity and hygiene, ears and hearing, eyes and vision, sleep behaviours, breathing and oral examination (Lift the Lip).
  - If an oral health referral is required, advise CPFS case manager in the assessment report to contact the relevant Dental Health Service clinic to arrange an appointment. Children in care are prioritised for assessment and treatment by Dental Health Services.

**Developmental**
- Tools: Ages and Stages Questionnaire-3™.
  - Investigate indicators of trauma associated with past abuse and neglect.
  - Speech, language and communication - play and pre-literacy/ literacy skills.
  - Cognition – assess problem solving skills.

**Psychosocial**
- Tool: Ages and Stages Questionnaire-3:SE-3™.
### Mental health – trauma related problems.
### Behavioural – conduct, sleep and self-regulation, self-harm.
### Emotional development – attachment disorders, relationship insecurity.
### Social competence – socialisation, social skills including self-help skills, and communication.
### Development of cultural and spiritual identity for Aboriginal and Torres Strait Islander children and as appropriate for other populations.

#### Conduct an assessment: CIC 6-11 years old (Form: CHS 451)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Nutrition, growth monitoring, skin integrity and hygiene, ears and hearing, eyes and vision, sleep behaviours, breathing, management of specific health conditions and oral health examination.</td>
</tr>
<tr>
<td>Developmental</td>
<td>Assess health literacy on understanding of healthy lifestyle (diet, exercise, screen time and sleep), pubertal changes, and risks of substance use.</td>
</tr>
</tbody>
</table>
| Psychosocial | **Developmental**

*“How Children Develop” is a resource for CHNs which includes developmental, social and emotional milestones and warning signs for children 0-12 years. This may be used to guide the assessment or specific concerns requiring investigation where a developmental tool is not readily available or appropriate.*

- Investigate indicators of trauma associated with past abuse and neglect.
- Speech, language and communication - play and literacy skills.
- Cognition – assess problem solving skills.

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<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Psychosocial</td>
<td>Mental health – trauma related problems,</td>
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</table>
**Children in Care – conducting an assessment**

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<thead>
<tr>
<th>Conduct an assessment: CIC 12-18 years old (Form: CHS 452)</th>
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<tbody>
<tr>
<td>- Physical</td>
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<tr>
<td>- Developmental</td>
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<tr>
<td>- Psychosocial</td>
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</table>

Assessment must cover the following domains:

**Physical** - nutrition, growth monitoring, skin integrity and hygiene, personal hygiene, ears and hearing, eyes and vision, breathing, management of specific health conditions, and oral health examination. Assess health literacy with HEADSS.

School aged children attending school are enrolled with the School Dental Service by their CPFS case manager. Oral health should be discussed and any concerns identified. If an oral health referral is required, advise CPFS case manager in the assessment report to contact the relevant Dental Health Service clinic to arrange an appointment. Children in care are prioritised for assessment and treatment by Dental Health Services.

**Developmental**

- History of developmental issues.
- **Investigate indicators of trauma associated with past abuse and neglect.**
- Speech, language and communication - play and literacy skills.
- Cognition – assess problem solving skills.

**Psychosocial - HEADSS (if appropriate)**

- Mental health – trauma related problems, self-esteem, and enjoyment of life/depression.
- Behavioural – conduct, sleep and self-regulation, self-harm, sexual behaviour.
problems, sexual activity and behaviour, independent living skills, partner violence.  
- Emotional development – attachment disorders, relationship insecurity and sexual knowledge.  
- Social competence - social skills, self help skills, awareness of safety issues.  
- Development of cultural and spiritual identity for Aboriginal and Torres Strait Islander children and as appropriate for other populations.

Record outcomes and develop report  
**CACH:** CIC Comprehensive Assessment Form and CDIS CIC module. Additional clinical notes can be recorded in the health record. After faxing report to CPFS, complete a CNP for service type “CIC Report sent to DCPFS (CIC only)”.

**WACHS:** CIC Comprehensive Assessment Form and Health Improvement Plan (attached to referral).

The health improvement plan/report must directly address:
- concerns or requests identified on the referral form, previous health assessment or health care plan.
- assessment tools completed.
- sources of information that have contributed to the assessment, such as the carer, teacher etc.
- physical, psychosocial and developmental concerns identified in the assessment which require action in the next healthcare planning cycle (12 months). Include information about required timelines.
- If all components of an assessment are not completed in one appointment, record outcomes from the initial appointment in the Child Health Information System (CHIS), noting how these will be

- Information on assessment/s is required by a child’s CPFS Case Manager to update their health care plan as part of their care plan review.
- Writing style - The report to CPFS must be completed using language as you would use with a parent. The information will be read, interpreted and recorded by CPFS staff who may not have a health professional level of health literacy.
- Anticipatory guidance - Wherever possible, the report should provide anticipatory guidance on issues which affect the management of health concerns, timing of future health assessments or follow up appointments, so that services and appointments can be coordinated.
- No concerns - Where there are no concerns, state “No concerns have been identified at this time.” Consider providing an overview of what was covered in the assessment. Indicate the next scheduled appointment.
- Complete Child’s Health Passport if available.

**CACH considerations**
- If all components of an assessment are not completed in one appointment, record outcomes from the initial appointment (in CDIS - CACH).
- Determine when an additional appointment can be arranged.
  - If this is arranged soon after the initial appointment, it may be treated as the same service event. Additional information is entered into CDIS and report for CPFS finalised when the additional appointment is completed. The referral can then be closed by the CIC Key Contact.
addressed.

- referrals enacted or required.
- timing of any Universal Contact or Enhanced Aboriginal Child Health Schedule visits due in the next year.

- If the additional appointment is arranged for a later date, it should then be treated as a follow-up appointment from a process perspective. The report from the initial appointment should be generated and include information on the components not assessed and the date the follow-up appointment has been arranged. The referral can then be closed by the CIC Key Contact.

- Follow up appointment for assessment – a follow up required by the CACH CHN is deemed to be a separate service event and must be recorded in CDIS as a separate service (see CDIS tip sheet). The original CIC referral must be closed and not left open for a follow-up appointment. A report on the follow-up appointment should be sent to the CPFS Case Manager to allow them to further update a child’s health plan with additional findings, actions and recommendations.

- Referrals - If an additional health service is identified as needed during an assessment, refer to the CACH Consent for Services policy for further information on consent requirements. The outcome of the additional appointment / service would also be sent to CPFS advising of your findings and any recommendations so they can modify the child’s health plan.

<table>
<thead>
<tr>
<th>Send report</th>
<th>Current WA Health internet security policy prevents the emailing of confidential information outside of the WA Health global unless protected through encryption. Therefore current policy is to return WA Health assessment reports to CPFS by fax or registered mail unless encryption is available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPFS case manager</td>
<td>WA Health Facsimile policy requires CHNs to notify the case manager or CPFS District Office if the report is being sent by fax, or follow up to ensure the report has been received.</td>
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<tr>
<td>Fax, post or send by encrypted email the report/ Health Improvement Plan to the CPFS case manager <strong>within five days</strong> of completing the assessment.</td>
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<tr>
<td>2. CIC Key Contact</td>
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<tr>
<td>CACH: in CDIS, a case note progress must be completed for the activity of sending the report to the CPFS case manager.</td>
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<tr>
<td>WACHS: send the following information to your CIC Key Contact according to the local communication process:</td>
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<tr>
<td>• name of CHN</td>
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<tr>
<td>• date assessment completed</td>
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</table>
Follow-up
If a discussion about the assessment is requested on the report/Health Improvement Plan for the development of the child’s health care plan with the CHN, the case manager should directly contact the CHN within 20 working days of receiving the report. If there are concerns that require more urgent action or follow up than this timeframe allows, the CHN should contact the CPFS case manager or team leader.

Documentation
Community health nurses must keep a record of the comprehensive health assessment referral form, WA Health and CPFS consent documents for individual assessments and the health improvement plan/ report forwarded to CPFS. All documentation regarding children in care must be completed as the information reported will be read, interpreted and recorded by CPFS staff who may not have a health background or clinical training.

Compliance monitoring
All documentation may be subject to client record audits to ensure staff record information on client contacts is in accordance with their professional responsibility for compliance with medico-legal, policy, procedure and guidelines requirements.

Appendices
Appendix A: Community health nurse CIC health referral management process
Appendix B: Schedule of community health checks for CIC
Appendix C: Sub groups of CIC with special considerations for health care pathway

Related professional development
Training by WA Health Statewide Protection of Children Coordination (SPOCC) Unit

References


### Related internal policies, procedures and guidelines

Children in Care – managing referrals guidelines (accessed via HealthPoint or Internet)

#### Consent for release of client information

The following documents can be accessed in the Community Health Manual:

<table>
<thead>
<tr>
<th>HealthPoint or Internet:</th>
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<tbody>
<tr>
<td>• Audiometry</td>
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<tr>
<td>• Overweight and obesity</td>
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<tr>
<td>• Anxiety and stress</td>
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<tr>
<td>• Parent completed child development screening tools</td>
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<tr>
<td>• Confidentiality and adolescents</td>
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<tr>
<td>• Perinatal and infant mental health</td>
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<tr>
<td>• Corneal light reflex test</td>
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<tr>
<td>• Physical assessment 0-4 years</td>
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<td>• Cover test</td>
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<tr>
<td>• Positive coping skills</td>
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<tr>
<td>• Depression</td>
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<td>• Records management - client</td>
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<tr>
<td>• Distance vision testing (Snellen)</td>
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<tr>
<td>• Red reflex test</td>
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<tr>
<td>• Family and domestic violence</td>
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<tr>
<td>• Sexual health issues</td>
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<tr>
<td>• Growth</td>
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<tr>
<td>• Sleep</td>
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<td>• HEADSS assessment</td>
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<td>• Social skills and relationships</td>
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<td>• Height assessment 2-5 years</td>
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<tr>
<td>• Tympanometry</td>
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<tr>
<td>• Immunisation services/surveillance</td>
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<tr>
<td>• Universal contact schedule</td>
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<tr>
<td>• Lesbian, gay, bisexual, transgender and intersex young people</td>
</tr>
<tr>
<td>• Vision</td>
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<tr>
<td>• Neglect</td>
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<tr>
<td>• Vision testing – distance (Lea Symbols Chart)</td>
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<tr>
<td>• Oral health examination</td>
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<tr>
<td>• Weight assessment 0-5 years</td>
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<tr>
<td>• Otoscopy</td>
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</tbody>
</table>

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Page 14 of 19 Community Health Manual
### Related statewide policies and guidelines

The following resources and forms can be accessed from the HealthPoint CACH Intranet link:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td>CHS450 Children in Care Comprehensive Health Assessment 0-5 years</td>
<td></td>
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<tr>
<td>CHS451 Children in Care Comprehensive Health Assessment 6-11 years</td>
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<tr>
<td>CHS452 Children in Care Comprehensive Health Assessment 12-18 years</td>
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<tr>
<td>Practice Guide for Community Health Nurses 2017</td>
<td></td>
</tr>
<tr>
<td>Children in Care Health Assessment Practice Guide: 3-5 years</td>
<td></td>
</tr>
<tr>
<td>Children in Care Health Assessment Practice Guide: 6-11 years</td>
<td></td>
</tr>
<tr>
<td>Children in Care Health Assessment Practice Guide: 12-18 years</td>
<td></td>
</tr>
<tr>
<td>CACH CIC CHN CDIS Tip Sheet 2016 v.7</td>
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</tr>
</tbody>
</table>

### Related statewide policies and guidelines

- Joint guidelines on information sharing between WA Health and CPFS
- Guidelines for Protecting Children 2015
- WA Health Protection of Children Policy (PDF 230KB)
Appendix A
Community health nurse CIC health referral management process

1. Receive notification/referral from CIC Key Contact
   - Check preferred service provider
   - Ask if there are any concerns and if carer wishes to be present during the assessment
3. Minimum 2–3 attempts within 10 days
4. DNA client in CHN and notify CIC Key Contact or line manager
5. CAHMS
   - YES
   - Return referral to CPSF with reason or request further information
   - NO
   - WACHS
     - YES
     - Contact care/ mature minor and ask if they would prefer the assessment to be provided by an Aboriginal Medical Service
     - NO
     - Decline and return referral to CPSF with reason, include CIC Key Contact in correspondence
6. Is the child identified as ATSI and 0–5 years of age?
   - YES
   - Conduct a Comprehensive Health Assessment
   - In CHN: Complete report
     - Print report
     - Fax/mail to CPSF case manager
     - Complete CNP
   - CHN advises outcome of assessment
   - Report sent to CPSF within 5 days of assessment
7. NO
   - Conduct a Comprehensive Health Assessment
   - CHN advises outcome of assessment
   - CNH return referral to CPSF case manager with name of preferred service provider.
8. Review referral for:
   - Complexity of clinical needs
   - Assessment tools or resources required
   - Information required from case manager
9. DNA client in CHN and notify CIC Key Contact or line manager
10. Conduct a Comprehensive Health Assessment
    - YES
    - CHN to send Health Improvement Plan to CPSF case manager (fax/mail/encrypted email)
    - Update electronic and paper client records
    - Email notification of assessment to CIC Key Contact.
    - Health Improvement Plan sent to CPSF within 5 days of assessment
Appendix B
Groups of CIC with special considerations for their health care pathway

1. **Aboriginal children**: More than 50 per cent of children in care in Western Australia are of Aboriginal. In the metropolitan area, the CACH Aboriginal Health Team (AHT) has a CIC Key Contact to manage CIC referrals to this team. If you receive a CIC referral for a child you know has previously been engaged with the AHT, and the child is still under 5 years, it is important to establish whether the child / carer wishes to see the AHT for health care planning health assessments before a referral is made to this team. The Key Contact or CHN can directly contact the child / carer. If a preference for an aboriginal service provider is expressed, referrals should be assigned to the AHT CIC Key contact by a CIC Key Contact currently managing that referral. If non WA Health Aboriginal Health Service provider is preferred (statewide) return the referral to the CPFS case manager with the name of the preferred Aboriginal health service provider or follow local processes agreed with this provider (this applies particularly in rural / remote areas).

2. **Culturally and linguistically diverse (CALD)**: There are a number of considerations needed in meeting the health needs of these children, such as whether an interpreter service is required, gender of the health assessment provider, use of culturally appropriate screening tools and assessments, an understanding of trauma experienced prior to (such as war) or since moving to Australia (e.g. social isolation), and specific physical health considerations such as potential exposure to communicable diseases.

3. **Children with a disability**: Children in care with a diagnosed disability may be engaged with disability specific services. Although a child may already be under the care of a health team, the case manager should discuss health care planning assessments with current health providers to ensure all aspects of the child’s health care are being addressed, such as immunisation or oral health care. The process of assessment through this pathway may lead to some children becoming eligible for disability services.

4. **Newborns**: Where a child is taken into provisional protection and care at birth their immediate health needs will have been addressed in discharge planning processes as outlined in the [Bilateral Schedule Between WA Health And Department For Child Protection And Family Support: Interagency Collaborative Processes When an Unborn or Newborn Baby is Identified as At Risk of Abuse and/or Neglect](https://www.health.wa.gov.au/). Health care planning assessments therefore need to align with these arrangements, and involve those professionals already engaged in the care of the newborn. A recent paediatric review may be accepted for new to care referrals in lieu of an Initial Medical Assessment.

The Universal Schedule and the health care planning pathway are separate processes. Where possible, it is recommended to align these processes and consolidate the information from both assessments, rather than duplicating overlapping health checks.
## Appendix C
### Summary of Community Health Schedule for Children in Care

<table>
<thead>
<tr>
<th>Age</th>
<th>Assessments</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to school entry</td>
<td>Where possible the CIC comprehensive health assessment should align with the Universal Birth to School Entry Contact Schedule and the Enhanced Aboriginal Child Health Schedule.</td>
<td>Where possible provide services as per Universal services or Universal Plus services. Ensure the child health record is completed and conduct routine assessment. Additionally, perform an oral health inspection.</td>
</tr>
<tr>
<td>0-4.5 years</td>
<td>Children in Care Comprehensive Health Assessment 0-5 years (CHS 450)</td>
<td>CHNs are able to request a list of children in care from the school principal at the beginning of the school year. When scheduling an appointment for a comprehensive health assessment, as a courtesy, advise the school principal that the assessment is for a ‘child in care’. Ensure CHS 409-1 is completed and conduct routine School Entry Health Assessment.</td>
</tr>
<tr>
<td></td>
<td><strong>Plus</strong> Oral Health Inspection</td>
<td>From the year they turn five, school-aged children will be enrolled by CPFS with the School Dental Service.</td>
</tr>
<tr>
<td>School Entry (Kindy or Pre-primary) 4 years and older</td>
<td>CHS 409-1 School Entry Assessment  <strong>Plus</strong> Children in Care Comprehensive Health Assessment 0-5 years (CHS 450) <strong>Plus</strong> If required, Oral Health Inspection.</td>
<td></td>
</tr>
<tr>
<td>Primary School 6-11 years</td>
<td>Children in Care Comprehensive Health Assessment 6-11 years (CHS 451)</td>
<td>No universal annual assessments occur within this age group.</td>
</tr>
<tr>
<td>High School 12-18 years</td>
<td>Children in Care Comprehensive Health Assessment 12-18 years (CHS 452)</td>
<td>No universal annual assessments occur within this age group.</td>
</tr>
<tr>
<td></td>
<td>If required, use HEADSS as a psychosocial and mental health assessment.</td>
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</tbody>
</table>